## **CITY OF EL PASO**

Neighborhood Traffic Management Program Express/Individual Application

Complete and submit to: City of El Paso, Department of Transportation 7968 San Paulo Drive

El Paso, Texas 79907

Contact person
Address
Daytime phone(s)
Date
Street/location of traffic concern
Specify type of concern; i.e., speeding, cut-through traffic, accidents, etc. Please describe in as much detail as possible, including day and time of incidents.

I/we understand that the program decisions are made at the discretion of the City of El Paso's Department of Transportation, in accordance with established criteria, applicable engineering standards, and the availability of funding.



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Requests for physical measures (such as speed humps, traffic circles, bulb-outs, etc.) require the submittal of the attached petition with signatures of two-thirds of the households on the affected block(s) or street(s).

NAME	ADDRESS	PHONE NUMBER	SIGNATURE

